

CareerNav: One-on-one Career Exploration

REGISTRATION FORM

NAME AND CONTACT INFORMATION:	PREFERRED ADDRESS:	
Last Name:	☐ Home ☐ Office	
First Name:		
Preferred Name:	If you are a returning School learner and your	
SCS Learner Number (if you are a returning learner):	address has changed since you last enrolled,	
	please check here and provide your updated	
Gender:	details:	
Date of Birth (dd/mm/yy):		
	Street name:	
Are you a University of Toronto	Street number:	
Alumnus/Alumna? Yes □ No □	Suite number:	
	City:	
Would you like to receive updates regarding	Province:	
the School of Continuing Studies courses and	Postal Code:	
programs? ☐ Yes ☐ No	Email address:	
	*Please provide a unique (not shared) email address for all	
	communications with the School.	
PROGRAM ASSESSMENT:		
To ensure CareerNav meets your career planning and development needs, please answer the following three brief questions. Your responses will assist us in ensuring the program aligns with your goals and aspirations.		
L. What specific career challenges or goals are you	currently facing?	



2.	2. How prepared do you feel in navigating your career path or job search on your own?	
3.	Have you previously worked with a career coach or advisor? If so, what did you find most helpful or unhelpful about that experience?	
Ple	ase select session (choose one):	
	☐ Single session \$196 (1 hour session)	
	☐ Bundle session \$596 (3 x 1-hour sessions)	
	cept full responsibility for the information submitted on this form and agree to abide by the School Continuing Studies policies and procedures.	
Lea	rner signature:	
Dat	e:	
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Please email completed form to: scs.blueprint@utoronto.ca. Upon receipt of your form, we will be in touch to confirm next steps.

If you are having difficulties accessing or printing this form, please email us at learn@utoronto.ca or visit us in-person at 158 St. George St., 1st floor, Toronto.